A. The	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES		
	DIVISION OF ENVIRONMENTAL HEALTH		
Page 1	CHILD CARE FACILITY		
755	INSPECTION REPORT		
REASON GRADE Inspection Date: ESTABLISHMENT NAME: Regular V 12/3/18 LITTLE ONE'S CHILDCARE CENTER INC.			
Regular V 12/3/18 LITTLE ONE'S CHILDCARE CENTER INC. Follow-Up 2 Time In/Out: OWNER/OPERATOR:			NC
Tollow-op Owner, or the mount			
Investiga	10.15 AM 11.10 AM	lishment Type:	
Other:	A Sanitary Permit No.: DED EDO	CC/NURSE	
	20000- IKUTU 124 PERMIT STATUS:Valid	_Temporary	Expired
	ildren: 17 Male 9 Female 26 Total Child Care License: No.: 16/16 / Valid		
The	following items identify violations found this day in the operations and facilities which must	st be corrected	d by the next
Inspection	on or sooner as the Department indicates. Non-compliance may result in downgrading or a written request for hearing must be submitted before the indicated correcti	permit susper	nsion. To appea
ITEM*	REMARKS		TICORRECT BY
-	A REGULAR INSPECTION WAS CONDUCTED.	<u> </u>	OOMILOTE
	PREVIOUS INSPECTION CONDUCTED ON 9/24/18 (<u> (K, 17)</u>	
	ALL PREVIOUS VIOLATIONS HAVE BEEN CURPECTED	, .	
	(ITEMS # 6, 17).		
	The state of the s		
			
	THE FOLLOWING VIOLATIONS WERE UBSERVED:		
]
17	LOWER PART OF WALL IN ANNEX IN DISREPAIR.	2	1/3/19
	OBSERVED TO BE BROKEN WITH A NOTICEABLE		7-11
		-	
	3,000,000	-	
	KEPT IN GOOD PEPAR TO PREVENT PHYSICAL		
-	HAZARDS & TO PREVENT PEST ACCESS.		
	PHOTOS OF VIOLATION TAKEN.		
	Call Co.		
	A PLACARD # 02646 UPDATED.	+	
	PIC BRIEFEN AN THE ADDRE		
	PIC BRIEFED ON THE ABOVE.		
I hav	ve read and understand the above violation(s) and I am aware of the corrective r	 measures to	be taken.
*Note:	When any of the following items are Received By (Name & Title):		
	above, they shall be corrected within kluw h_ Begunn	STILL STILL	
(0) (4) (6	10 days of this inspection: DÉH Inspector (Name & Title):	*	
(4), (4), (0	i), (14), (21), (23), (24), (27), (28), (39) & (40).] J. GARCIA EPHO		

Rev: 08/2/05 DEH-06